



RELEASE OF INFORMATION - CHILD CARE FACILITY

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 846 (6-2006)

Name of Child: (Last, First, Middle Initial)	Birth Date:	Relationship: (ie. son, daughter)	
Street Address:	City:	State:	Zip Code:
1. I hereby authorize: (Name and address of child care provider and facility name)			
2. To release information to: (Name and address of person/name of agency to receive information)			
3. The following information is to be shared: (Be specific)			
4. The information identified above will be used for: (Be specific)			
5. Date this release of information consent remains in effect until:			

PARENT CONSENT:

This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to the child care facility. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

Signature of Parent/Guardian or Custodian:	Date:
Relationship to Child: (ie. mother, father, stepparent, etc.)	
Signature of Witness:	Date: